APPENDIX E-2 QUALIFIED COMMUNITY CARE CASE MANAGERS

- a. A "Qualified Community Care Case Manager" will meet each of the following qualifications for the provision of community care case management.
 - 1. Be a nonprofit or public agency or organization;
 - 2. Have experience or have been trained in:
 - A. Establishing and periodically reviewing and revising ICCPs; and
 - B. The provision of case management services to the elderly.

The "Qualified Community Care Case Manager" in Texas will be a State agency. The minimum standards of experience and training that will be used by the State are referenced in (a)(4)(D) of this Appendix.

- 3. Have procedures for assuring the quality of case management services. These procedures will include a peer review process.
- 4. The State will assure that community care case managers are competent to perform case management functions, by requiring the following educational or professional qualifications be met. (Check all that apply):

Α.	 Registered	nurse,	licensed	to	practice	in
	 the State					

B. Physician (M.D. or D.O.), licensed to practice in the State

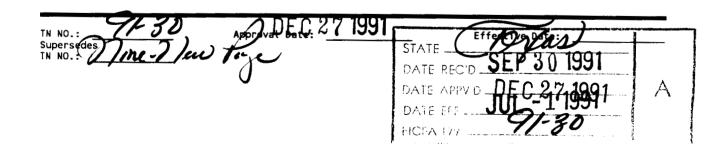
C. Social Worker (qualifications attached to this Appendix)

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D.	XXX	Other (specify): A bachelor's degree from an accredited college or university. One
		year of full-time experience in direct social service work or in clerical or Community Service Aide work in the Texas
		Department of Human Services Community Care program may be substituted for each
		year (30 semester hours) of the required education.

- b. When community care case management is provided by a nonprofit, nonpublic agency, the agency providing the community case management will not have a direct or indirect ownership or control interest in, or direct or indirect affiliation or relationship with, an entity that provides home and community care or nursing facility services. (Check one):
 - 1. Yes
 - 2. XXX Not applicable. The State will not use nonprofit, nonpublic agencies to provide community care case management.
- c. The State will employ procedures to assure that individuals whose home and community care is managed by qualified community care case managers are not at risk of financial exploitation due to such case managers. The "Qualified Community Care Case Manager" will be a state agency whose staff are governed by personnel policies and state law concerning fiduciary responsibilities and appropriate behavior in dealing with clients.
- d. The State requests that the requirements of item E-2-b be waived in the case of a nonprofit agency located in a rural area. The State's definition of "rural area" is attached to this Appendix. (Check one):
 - 1. _____ Yes 2. ____ No
 - 3. XXX Not applicable. The State will not use nonprofit: nonpublic agencies to provide community care case management.



APPENDIX E-3 COMMUNITY CARE CASE MANAGEMENT FUNCTIONS

- a. A qualified community care case manager is responsible for:
 - Assuring that home and community care covered under the State plan and specified in the ICCP is being provided;
 - 2. Ensuring that a qualified employee of the case management agency visits each individual's home or community care setting at least every 90 days.
 - 3. Informing the individual or primary caregiver how to contact the case manager if service providers fail to properly provide services or other similar problems occur. This information will be provided verbally and in writing.
- b. Whenever a qualified community care case manager has reason to believe that an individual's assessment or periodic review (conducted under Appendix D) appears to contain inaccuracies, the community care case manger will bring these apparent discrepancies to the attention of the agency which has performed the assessment or review. If the assessors and the community care case manager are unable to resolve the apparent conflict, the case manager shall report the situation to the component of the Medicaid agency which is responsible for monitoring the program.
- c. Whenever a qualified community care case manager is informed by an individual or primary caregiver that provider(s) have failed to provide services, or that other similar problems have occurred, the community care case manager shall take whatever steps are necessary to verify or disprove the complaint. If a problem is confirmed by this monitoring, the community care case manager shall address the problem in an appropriate and timely manner, consistent with the nature and severity of any deficiencies noted. This may include reporting the situation to the component of the Medicaid agency which is responsible for monitoring the program.

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d.	Whenever a qualified community care case manager is informed by a provider of service (whether paid or unpaid) that there has been a change in the individual's condition, or that a problem may have arisen which is not currently being addressed, the community care case manager shall take whatever steps are necessary to verify or disprove the information. If a problem is confirmed by this monitoring, the community care case manager shall address it in an appropriate and timely manner, consistent with the nature and severity of the situation.
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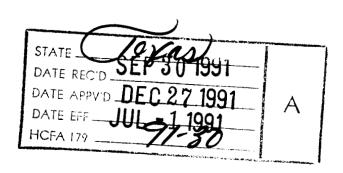
e.	Community care case managers shall verify the qualifications of each individual or agency providing home and community care
	services prior to the initiation of services, and at such intervals as are specified in Appendix C, thereafter. (Check one):

1.	Yes	2.	XXX	No
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f.	Where the provision of services in an individual's ICCP is not
	governed by State licensure or certification requirements, the
	community care case manager shall provide or arrange for the
	training specified in Appendix C-2. (Check one):

1.	Yes	2.	No
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g. Community care case managers shall inform each elderly individual for whom an ICCP is established of the person's right to a fair hearing should the individual disagree with the contents of the ICCP.



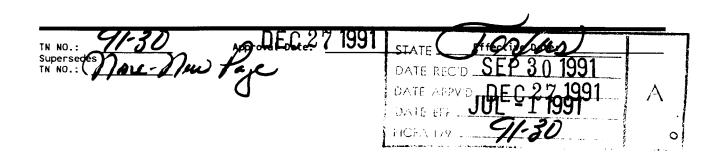
^{3.} XXX Not Applicable, all services are governed by state licensure or certification requirements.

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APPENDIX F-1 RIGHTS SPECIFIED IN THE STATUTE

The State assures that home and community care provided under the State plan will meet the following requirements:

- a. Individuals providing care are competent to provide such care. The State will maintain documentation to show that each provider of care meets or exceeds the applicable minimum qualifications specified in Appendix C-2.
- b. Individuals receiving home and community care shall be assured the following rights:
 - 1. The right to be fully informed in advance, orally and in writing, of the following:
 - a. the care to be provided,
 - b. any changes in the care to be provided; and
 - c. except with respect to an individual determined incompetent, the right to participate in planning care or chances in care.
 - 2. The right to voice grievances with respect to services that are (or fail to be) furnished without discrimination or reprisal for voicing grievances, and to be told how to complain to State and local authorities. Complaint procedures of the Medicaid provider and a list of the Community Care client's rights and responsibilities will be given and explained to the client.
 - 3. The right to confidentiality of personal and clinical records.
 - 4. The right to privacy and to have one's property treated with respect.
 - 5. The right to refuse all or part of any care and to be informed of the likely consequences of such refusal.
 - 6. The right to education or training for oneself and for members of one's family or household on the management of care.



- 7. The right to be free from physical or mental abuse, corporal punishment, and any physical or chemical restraints imposed for purposes of discipline or convenience and not included in the individual's ICCP.
- 8. The right to be fully informed orally and in writing of the individual's rights.

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APPENDIX F-2 ADDITIONAL RIGHTS

The State assures that home and community care provided under the State plan will meet the following additional requirements:

- a. The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community care services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities. Copies of these standards are maintained at the Medicaid agency.
- b. In the case of an individual who resides in his or her own home, or in the home of a relative, when the individual has been determined to be incompetent, all rights to be informed of the care to be provided, and to have input into the development of the ICCP specified in Appendix F-1-b shall rest with the principal caregiver.
- c. In the case of an individual who resides in a community care setting, and who has been determined to be incompetent, the rights specified in Appendix F-1-b shall rest with the legal guardian or custodian of that individual, unless the guardian or custodian has assigned these rights, in writing, to another person.

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APPENDIX F-3 GUIDELINES FOR PROVIDER COMPENSATION

- a. The following guidelines are provided for such minimum compensation for individuals providing home and community care. These guidelines will be used to assure the availability and continuity of competent individuals to provide such care for functionally disabled individuals who have functional disabilities of varying levels of severity.
 - 1. For services which are the same as, or similar (in content, complexity and provider qualifications) to those provided under the approved Medicaid State plan, the State will compensate the providers on the same basis as that which is approved as part of the plan.
 - 2. For services which are the same as, or similar (in content, complexity and provider qualifications) to those provided under another program funded and operated by the State, the State will compensate the providers on a basis which is equivalent to that used by the other publicly funded program.
 - 3. For services which are dissimilar to those provided under the plan or another program funded and operated by the State, the State will develop methods of compensation which are sufficient to enlist an adequate number of providers, taking into account the number of individuals receiving the service and their geographic location.
- b. The State assures that it will comply with these guidelines.

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APPENDIX G COMMUNITY CARE SETTINGS

a.	The State will in the followi	<pre>provide home and community care to individuals ng settings:</pre>
	1.	Nonresidential settings that serve 3 to 8 people.
	2.	Residential settings that serve 3 to 8 people, and in which personal services (other than merely board) are provided in conjunction with residing in the setting.
	3.	Nonresidential settings that serve more than 8 people.
	4.	Residential settings that serve more than 8 people, and in which personal services (other than merely board) are provided in conjunction with residing in the setting.
	5. <u>XXX</u>	Not applicable. The State will not provide services in these types of community care settings.

- b. The State assures that the requirements of sections 1929(g) and (h) of the Act (as applicable to the specific setting) will be met for each setting in which home and community care is provided under this section.
- c. The state will refuse to provide home and community care in settings which have been found not to meet the requirements of sections 1929(g) and (h) of the Act.

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